

# Application for Sale of Structured Settlement Payments

APPLICANT					
First Name	Middle Initial	Last Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Home Address (can not be a P.O. Box)		City	State	Zip	County
Home Telephone ( )		Cell/Pager Number ( )		How Long at this Address?	
Driver's License No.	State	Birth Date		Birth State	
Social Security No.	Maiden Name (if different)				
<b>States and Counties resided in last 5 years:</b>					
<i>State</i>	<i>County</i>	<i>Date(s)</i>	<i>State</i>	<i>County</i>	<i>Date(s)</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>Employment</b>					
Current Occupation		Name of Employer		How Long?	Current Salary
Employer Address		City	State	Zip	Telephone ( )
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				Since	Maiden Name (if different)
Have you ever been divorced or widowed since the settlement?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, former spouse's name (or names):					
Are you known by any other name than that stated on your annuity? If yes, what is your other name(s)?					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Income - Please list all sources of income.</b>					
<i>Source</i>	<i>Monthly Amount Received</i>	<i>Source</i>	<i>Monthly Amount Received</i>		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
<b>Dependents</b>					<input type="checkbox"/> None
<i>Name</i>	<i>Age</i>	<i>Address</i>			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
<b>Expenses - Please list all monthly expenses.</b>					
<i>Type</i>	<i>Monthly Amount</i>	<i>Type</i>	<i>Monthly Amount</i>		
Home	_____	_____	_____		
Auto	_____	_____	_____		
Utilities	_____	_____	_____		

**SPOUSE / REFERENCES**

First Name	Middle Initial	Last Name	Maiden Name (if different)		
Driver's License No.	State	Birth Date	Birth State		
Social Security No.	Address (if different)		City	State	Zip
Current Occupation	Name of Employer		How Long?	Current Salary	
Employer Address		City	State	Zip	Telephone (      )

**Next of Kin Not Living Not Living With You** (please provide two)

Name					Relationship
Address	City	State	Zip	Telephone (      )	
Name					Relationship
Address	City	State	Zip	Telephone (      )	

**Two Non-Family References**

Name	Address	City	State	Zip	Telephone (      )
Name	Address	City	State	Zip	Telephone (      )

Specify the amount of money you need to raise to satisfy your financial need.

**ANNUITY / SETTLEMENT INFORMATION**

Name of Insurance Company	Policy Number
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**Current Beneficiary?**

Name	Address	City	State	Zip	Telephone (      )
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To what address does the Insurance Company now send the payments?  Home  Attorney's Office  Direct Deposit

Name	Address	City	State	Zip	Telephone (      )
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Was your settlement the result of a worker's compensation claim?  Yes  No

Original Defendant:

Date of Settlement:

Settlement State:

What was the Primary Injury the Settlement Provided for?

Describe the incident that resulted in your settlement.

Please detail the reason you are entering into this transaction. Be specific as to why this funding is important to you.

Specify the amount of money you need to raise to satisfy your financial need.

**ADDITIONAL QUESTIONS (PLEASE ANSWER ALL)**

Do you depend on the Annuity payments for medical necessities? If yes, please explain.  Yes  No

Describe the payments you wish to sell.

After selling your annuity payments, can you maintain your standard of living including caring for any dependents?  Yes  No

Do you have a disability that prevents you from working? If yes, please explain.  Yes  No

Are your annuity payments currently being garnished? If yes, please explain.  Yes  No

Have you ever sold, assigned, pledged or borrowed against your annuity payments? If yes, to whom, when and what payments were sold?  Yes  No

Do you have any tax liens or unpaid taxes? If yes, please explain.  Yes  No

Do you currently pay any child support?  Yes  No

If yes, how much:

Do you have any unpaid child support obligations? If yes, please specify amount and term remaining.  Yes  No

Do you have any liens or judgments against you? If yes, please explain.  Yes  No

Have you ever filed Bankruptcy? If yes, detail when and where, and attach proof of discharge.  Yes  No

Have you ever been convicted of a felony? If yes, please explain.  Yes  No

Are there any Federal or State taxes withheld from your annuity payment per your request? If yes, how much?  Yes  No

**How did you hear about us?** (Please check one)

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> TV       | <input type="checkbox"/> Referral (from whom _____)            |
| <input type="checkbox"/> Radio    | <input type="checkbox"/> Newspaper (name of publication _____) |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Letter (code _____)                   |
|                                   | <input type="checkbox"/> Other (explain _____)                 |

**Required for funding: (PLEASE ATTACH TO APPLICATION)**

- The Annuity Policy
- The Executed Release/Settlement Agreement
- A copy of your most recent Annuity Check or Check Stub  
(If direct deposit, attach copy of bank statement showing deposit)
- A copy of front page of most recent tax return
- Copies of TWO forms of identification, one must be a clear photo I.D.
- A copy of Marriage License (if applicable)
- A copy of Divorce Decree(s) and property settlement(s) (if applicable)
- A copy of the Will and Probate Papers if you are receiving payments as the result of a probated estate
- A copy of the Court Judgment (if applicable)
- Copies of any Assignments, Revisions, or other important papers related to the Annuity or Settlement Agreement, and Bankruptcy discharge papers (if applicable)
- OAMC (Order Approving Minors Claim) if a minor at the time of settlement

**Authorization to Conduct Credit and Criminal Background Check**

I hereby authorize the designated representatives or any of their successors, assigns, designees, agents or administrators to conduct any and all criminal background checks and all credit history reports, searches, or checks, which it, in its sole discretion and judgment, deems necessary or advisable.

**Authorization to Release Information**

I hereby authorize the designated representatives or any of their successors, assigns, designees, agents or administrators to disclose, make available and furnish to them any and all information pertaining to my settlement as set forth. I specifically direct that the Annuity Issuer and annuity Owner, or any of their successors, assigns, designees, agents or administrators cooperate with the purchasing company listed below regarding disclosure of information pertaining or related to my settlement. Please provide copies via fax or otherwise of any and all documents requested by the company listed below regarding my settlement. This also authorizes Charter Financial, and or assigns to contact next of kin for data resources.

**Acknowledgement of Fraud Prevention System Inquiry**

I hereby acknowledge that the National Association of Settlement Purchasers maintains records of individuals who sell, assign or otherwise hypothecate structured settlement annuity payments. I authorize you to check the records of said association of such activity.

*By signing below, I/we certify that all of the information provided above is true and correct. I/We understand that any intentional misrepresentations on my/our part will result in the immediate cancellation of the assignment.*

_____ Applicant's Signature	_____ Date	_____ Spouse's Signature	_____ Date
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